

Report Year:

2010

11843

Memorial Hospital of Gardena

Gardena

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

11843

Facility Name:

Memorial Hospital of Gardena

Address:

1145 W. Redondo Beach Blvd.

City:

Gardena

Hospital Owner/Licensee:

Avanti Health System

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Memorial Hospital of Gardena

Submission Date:

1/25/2011 3:00:00 PM

Report Year:

2010

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Report Status: **Data Last Update:** 01/11/2011

Submission Date: 01/25/2011

Print Date: 1/26/2011 8:38 AM

Report Year:

2010

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Report Status: **Data Last Update:** 01/11/2011

Submission Date: 01/25/2011

Print Date: 1/26/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 1

Building Name: Hospital

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	70	Inpatient Days	17391
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	10	Inpatient Days	3768
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	0	Inpatient Days	0
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	0	Inpatient Days	0
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	23	Inpatient Days	3221
<input type="checkbox"/> Intermediate Care	Inpatient Beds	0	Inpatient Days	0
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	69	Inpatient Days	24117

 Total Beds this Building **172**

<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Newborn/ WellBaby
<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Emergency
<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Support Services	
<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

1

Building Name:

Hospital

Medical / Surgical (Include GYN)Inpatient
Bed 70Inpatient
Days 1739
1**Acute Respiratory Care**Inpatient
Bed 0Inpatient
Days 0**Acute Psychiatric**Inpatient
Bed 0Inpatient
Days 0**Perinatal (exclude Newborn / GYN)**Inpatient
Bed 23Inpatient
Days 3221**Burn**Inpatient
Bed 0Inpatient
Days 0**Skilled Nursing**Inpatient
Bed 69Inpatient
Days 2411
7**Pediatric**Inpatient
Bed 0Inpatient
Days 0**intensive Care Newborn
Nursery**Inpatient
Bed 0Inpatient
Days 0**Intermediate Card**Inpatient
Bed 0Inpatient
Days 0**Intensive Care**Inpatient
Bed 5Inpatient
Days 1884**Rehabilitation
Center**Inpatient
Bed 0Inpatient
Days 0**Int. Care / development
Disabled**Inpatient
Bed 0Inpatient
Days 0**Coronary Care**Inpatient
Bed 5Inpatient
Days 1884**Chemical
Dependency**Inpatient
Bed 0Inpatient
Days 0**Total Beds this
Building Per
Unit**

172

**Total Beds this
Building Per
Service**

172

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building
Number

Building
Name

Building to
be Removed

1

Hospital

☐

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Report Status: **Data Last Update:** 01/11/2011

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

1

Building Name:

Hospital

Type of Service Provided

☒

Nursing

☒

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☒Obstetrical
Ante/Postprtum☐Intermediate
Care☒

Skilled Nursing

☒

Surgical

☒

Anesthesia

☒

Clinical Lab

☒Radiological/
Imaging☒

Pharmaceutical

☒

Dietetic

☒

Administration

☒Obstetrical
Cesarean/Deliv☒Obstetrical
Recovery☒Newborn/
WellBaby☒

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☒Outpatient
Surgery☒

Central Plant

☒Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

1

Building Name:

Hospital

Configuration :

Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

Type of Service Provided☒

Nursing

☒

Surgical

☒Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☒

IntensiveCare

☒

Anesthesia

☒Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☒Radiological/
Imaging☒Newborn/
WellBaby☒Outpatient
Surgery☐Psychiatric
Nursing☒

Pharmaceutical

☒

Emergency

☒

Central Plant

☐Intermediate
Care☒

Dietetic

☐

Nuclear Medicine

☒Support
Services☒

Skilled Nursing

☒

Administration